



**ISLAMIC CULTURAL CENTRE OF IRELAND**

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**Registration form for the parenting course sat 20<sup>th</sup> & Sun 21<sup>st</sup> April 2013**

**Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Fee:**                      **Paid**                                      **Unpaid**                                      **FOC**

**PERMISSION GIVEN BY:** \_\_\_\_\_

**DATE**